

**Revocation of Power of Attorney With New Power of
Attorney And Change of Correspondence Address**

Docket Number

UMD0155US, NP

Address To
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Applicant Information

First Named Inventor	Robert Wieder		
Address	330 South Chestnut Street		
City	Westfield	State	New Jersey
Country	United States of America	Postal Code	07090

Title of Invention

Alpha 5 Beta 1 and Its Ability to Regulate the Cell Survival Pathway

Examiner Name	Natarajan, Meera	Art Unit	1643
Application No., if any	10/521,841		
Filing Date	July 27, 2005		

Power of Attorney

I hereby revoke all previous powers of attorney given in the application identified above.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 46046

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Dated: 1/13/11

By: Denise Mulken

Denise Mulken

Revocation of Power of Attorney With New Power of Attorney And Change of Correspondence Address

Docket Number

UMD0155US.NP

Please change the correspondence address for the above-identified application to:

Customer Number 46046

-OR-

Name

Address

City

State

Country

Postal Code

Phone Number

E-mail Address

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/56) is submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Doniso Mulken

Title and Company

Vice President for Finance and Treasurer

Date

1/13/11

Telephone

973-972-4339

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of 2 forms are submitted.